

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Workers' Voice		FEC IDENTIFICATION NUMBER ▼ C C00484287	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee New Partners Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1250 Eye Street, NW #200		Amount 1875.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D556180
Purpose of Expenditure Online Advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate CORY GARDNER		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: CO	
Calendar Year-To-Date Per Election for Office Sought 328774.55		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee New Partners Consulting, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2014	
Mailing Address 1250 Eye Street, NW #200		Amount 3750.00	
City Washington	State DC	Zip Code 20005	Transaction ID : D556184
Purpose of Expenditure Online Advertising	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2014	
Name of Federal Candidate MITCH MCCONNELL		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> State: KY	
Calendar Year-To-Date Per Election for Office Sought 366902.56		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5625.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Elizabeth H Shuler

[Electronically Filed]

Date

MM / DD / YYYY
10 / 25 / 2014

Signature